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CONFIRMATION NO. 1878

<b>SERIAL NUMBER</b> 10/724,978	<b>FILING OR 371(c) DATE</b> 12/01/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> P-9091.04
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## APPLICANTS

Scott E. Jahns, Hudson, WI;  
Michael R.S. Hill, Minneapolis, MN;  
James R. Keogh, Maplewood, MN;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/207,725 07/29/2002 PAT 6,718,208 which is a CIP of 09/670,441  
09/26/2000 PAT 6,449,507  
which is a CIP of 09/433,323 11/03/1999 PAT 6,266,564 \*  
which is a CON of 09/070,506 04/30/1998 PAT 6,006,134  
which is a CIP of 08/640,013 04/30/1996 ABN  
(\*Data provided by applicant is not consistent with PTO records.

*C/M*  
*1/12/07*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*NONE* *C/M*  
*1/12/07*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 14	TOTAL CLAIMS 61	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Carl H. Lays</i> Examiner's Signature	<i>C/M</i> Initials			

## ADDRESS

27581

## TITLE

Method and system for nerve stimulation and cardiac sensing prior to and during a medical procedure

<b>FILING FEE RECEIVED</b> 1810	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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